U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5/4/		2. Fiscal Year Covered From:			
		1 / 1 / 2004 Through: 12 / 31 / 2004	1		
3. Name and address of person filing.		Name, file number, and address of labor organization.			
Name James N Broo	okes	Name Carpenters Local Union # 665			
		Labor Organization File Number			
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any			
Street 830 S. Kentucky		Street 702 S. Madison			
City Amarillo		City Amarillo			
State Texas	ZIP Code + 4 79106	State Texas ZIP Code + 4 79101			
5. Position in labor organization. Business Representative					

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.				
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street		7.b. Amount.				
Sileet						
City						
State	ZIP Code + 4					

Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information

undersigned's knewledge and belief, true, correct, and complete. (See the s				signatory and is, to the best of	the
Signed Signed De Brooker	On .	08/03/2005	(806)	373-4574	
		Date	•••••	Telephone Number	

Name of Person Filing James Brookes	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
Name and address of Business (including trade name, if any).	9. Business deals with:					
Name						
Trade Name, if any:	a. Labor Organization b. Trust					
P.O. Box, Bldg., Room No., if any	c. Employer					
Street						
City						
State ZIP Code + 4						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	11.b. Approximate dollar value of such dealing.					
City	12.a. Nature of interest held or income received.					
State ZIP Code + 4						
·						
	12.b. Amount.					
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name State of Texas Office of the governor	Travel expenses for regular scheduled Council meetings. I am Co-Chair of the apprenticeship sub committee and board member to the Texas Workforce Investment Council.					
Trade Name, if any:	Investment Council.					
P.O. Box, Bldg., Room No., if any						
Street 1100 San Jacinto						
City Austin						
State Texas ZIP Code + 4 78701						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$396					